

## Pacheco 10 565 220 unity = Saquinavir soft gel formulation

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increased  
to 50,000  
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NEWS 19 JAN 16 CA/CAPLUS Company Name Thesaurus enhanced and reloaded  
NEWS 20 JAN 16 IPC version 2007.01 thesaurus available on STN  
NEWS 21 JAN 16 WPIDS/WPINDEX/WPIX enhanced with IPC 8 reclassification data  
NEWS 22 JAN 22 CA/CAPLUS updated with revised CAS roles  
NEWS 23 JAN 22 CA/CAPLUS enhanced with patent applications from India  
NEWS 24 JAN 29 PHAR reloaded with new search and display fields  
NEWS 25 JAN 29 CAS Registry Number crossover limit increased to 300,000 in  
multiple databases  
  
NEWS EXPRESS NOVEMBER 10 CURRENT WINDOWS VERSION IS V8.01c, CURRENT  
MACINTOSH VERSION IS V6.0c(ENG) AND V6.0Jc(JP),  
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COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

0.21

0.21

FILE 'REGISTRY' ENTERED AT 17:32:40 ON 04 FEB 2007

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<http://www.cas.org/ONLINE/UG/regprops.html>

=> s 127779-20-8/RN

L1 1 127779-20-8/RN

=> D L1 1 bib abs

'BIB' IS NOT A VALID FORMAT FOR FILE 'REGISTRY'

'ABS' IS NOT A VALID FORMAT FOR FILE 'REGISTRY'

The following are valid formats:

Substance information can be displayed by requesting individual fields or predefined formats. The predefined substance formats are: (RN = CAS Registry Number)

REG - RN

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FIDE - All substance data, except sequence data

IDE - FIDE, but only 50 names

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SQD3 - Same as SQD, but 3-letter amino acid codes are used

SQN - Protein sequence name information, includes RN

CALC - Table of calculated properties  
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PROP - EPROP and CALC

Any CA File format may be combined with any substance format to obtain CA references citing the substance. The substance formats must be cited first. The CA File predefined formats are:

ABS -- Abstract  
APPS -- Application and Priority Information  
BIB -- CA Accession Number, plus Bibliographic Data  
CAN -- CA Accession Number  
CBIB -- CA Accession Number, plus Bibliographic Data (compressed)  
IND -- Index Data  
IPC -- International Patent Classification  
PATS -- PI, SO  
STD -- BIB, IPC, and NCL

IABS -- ABS, indented, with text labels  
IBIB -- BIB, indented, with text labels  
ISTD -- STD format, indented

OBIB ----- AN, plus Bibliographic Data (original)  
OIBIB ----- OBIB, indented with text labels

SBIB ----- BIB, no citations  
SIBIB ----- IBIB, no citations

The ALL format gives FIDE BIB ABS IND RE, plus sequence data when it is available.

The MAX format is the same as ALL.

The IALL format is the same as ALL with BIB ABS and IND indented, with text labels.

For additional information, please consult the following help messages:

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HELP FORMATS -- To see detailed descriptions of the predefined formats.  
ENTER DISPLAY FORMAT (IDE):d L1 1 sam  
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The following are valid formats:

Substance information can be displayed by requesting individual fields or predefined formats. The predefined substance formats are: (RN = CAS Registry Number)

REG - RN  
SAM - Index Name, MF, and structure - no RN  
FIDE - All substance data, except sequence data  
IDE - FIDE, but only 50 names  
SQIDE - IDE, plus sequence data  
SQIDE3 - Same as SQIDE, but 3-letter amino acid codes are used  
SQD - Protein sequence data, includes RN  
SQD3 - Same as SQD, but 3-letter amino acid codes are used  
SQN - Protein sequence name information, includes RN

CALC - Table of calculated properties  
EPROP - Table of experimental properties  
PROP - EPROP and CALC

Any CA File format may be combined with any substance format to obtain CA references citing the substance. The substance formats must be cited first. The CA File predefined formats are:

ABS -- Abstract  
APPS -- Application and Priority Information  
BIB -- CA Accession Number, plus Bibliographic Data  
CAN -- CA Accession Number  
CBIB -- CA Accession Number, plus Bibliographic Data (compressed)  
IND -- Index Data  
IPC -- International Patent Classification  
PATS -- PI, SO  
STD -- BIB, IPC, and NCL  
  
IABS -- ABS, indented, with text labels  
IBIB -- BIB, indented, with text labels  
ISTD -- STD format, indented  
  
OBIB ----- AN, plus Bibliographic Data (original)  
OIBIB ----- OBIB, indented with text labels  
  
SBIB ----- BIB, no citations  
SIBIB ----- IBIB, no citations

The ALL format gives FIDE BIB ABS IND RE, plus sequence data when it is available.

The MAX format is the same as ALL.

The IALL format is the same as ALL with BIB ABS and IND indented, with text labels.

For additional information, please consult the following help messages:

HELP DFIELDS -- To see a complete list of individual display fields.  
HELP FORMATS -- To see detailed descriptions of the predefined formats.  
ENTER DISPLAY FORMAT (IDE):sam

L1 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2007 ACS on STN  
IN Butanediamide, N1-[(1S,2R)-3-[(3S,4aS,8aS)-3-[[[1,1-dimethylethylamino]carbonyl]octahydro-2(1H)-isoquinolinyl]-2-hydroxy-1-(phenylmethyl)propyl]-2-[(2-quinolinylcarbonyl)amino]-, (2S)- (9CI)  
MF C38 H50 N6 O5  
CI COM

Absolute stereochemistry.

**\*\*PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT\*\***

=> file biosis embase medline

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

1.87

2.08

FILE 'BIOSIS' ENTERED AT 17:34:09 ON 04 FEB 2007

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=> s 12779-20-8/RN

'RN' IS NOT A VALID FIELD CODE

'RN' IS NOT A VALID FIELD CODE

'RN' IS NOT A VALID FIELD CODE

L2 0 12779-20-8/RN

=> s 122779-20-8

L3 0 122779-20-8

=> s saquinavir

L4 8872 SAQUINAVIR

=> s L4 <20040719

NUMERIC EXPRESSION NOT VALID 'L10 <20040719'

Numeric search expressions contain an operator (=,>,<,<=>), a field qualifier, and the number or a range to be searched. Examples of valid expressions are 'LD>6', '260-280/MW', and '10 < LD < 30'. For a list of field codes in the current file, enter "HELP SFIELDS" at an arrow prompt (=>). For more information on searching in numeric fields, enter "HELP NUMERIC".

=> s L4 and <20040719

MISSING TERM 'AND <20040719'

The search profile that was entered contains a logical operator followed immediately by another operator.

=> s L4 and (soft gel)

L5 157 L4 AND (SOFT GEL)

=> s L5 and formulation

L6 57 L5 AND FORMULATION

=> s L6 and fatty acid

L7 0 L6 AND FATTY ACID

=> s L6 and oleic

L8 0 L6 AND OLEIC

=> d L6 1-12 bib abs

L6 ANSWER 1 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 2004:162835 BIOSIS

DN PREV200400167337

TI Once-daily saquinavir and ritonavir in treatment-experienced HIV-1-infected individuals.

AU Soria, A. [Reprint Author]; Gianotti, N. [Reprint Author]; Cernuschi, M. [Reprint Author]; Lazzarin, A. [Reprint Author]

CS Clinic of Infectious Diseases, Vita-Salute San Raffaele University, Milan, Italy

SO New Microbiologica, (January 2004) Vol. 27, No. 1, pp. 11-15. print. ISSN: 1121-7138 (ISSN print).

DT Article

LA English

ED Entered STN: 24 Mar 2004

Last Updated on STN: 24 Mar 2004

AB To assess the efficacy of 48 weeks' treatment with saquinavir 1600 mg and ritonavir 100 mg, both given once daily (SQVOD), in drug-experienced HIV-infected patients, a SQVOD-based therapy was offered to 100 treatment-experienced patients via their own physicians. The patients starting this regimen were followed up for 48 weeks. HIV-RNA was assessed by means of NASBA (limit of quantification = 80 copies/mL).

Fifteen patients received the SQVOD-based therapy. Six discontinued before week 48 because of failure, toxicity or intolerance due to the high pill burden and gastrointestinal side effects. The median baseline CD4+ cell counts and plasma HIV-RNA levels were 317 cells/ $\mu$ L (range 44-698) and 4.18 log copies/mL (range 2.65-6.18). At week 4, there was a mean decrease of 1.96 log copies/mL ( $P < 0.0001$ ) in HIV-RNA, with 75% of the patients having fewer than 400 copies/mL; seven of the nine patients treated for 48 weeks reached fewer than 400 copies/mL. No substantial change in cholesterol or triglyceride values was observed over 48 weeks. As this SQVOD-based regimen had considerable short-term virologic activity in treatment-experienced HIV-infected patients, it may be a reasonable option when non-nucleoside reverse transcriptase inhibitors cannot be administered and once-daily dosing is preferred by the patient. However; the high pill burden and frequent gastrointestinal side effects of the soft gel capsule formulation of saquinavir may limit its long-term efficacy.

- L6 ANSWER 2 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
 AN 2002:629041 BIOSIS  
 DN PREV200200629041  
 TI A randomized, open-label, comparative trial of BID and TID dosing of saquinavir enhanced oral formulation as part of a triple therapy for advanced AIDS patients.  
 AU Chetchotisakd, Ploenchan [Reprint author]; Mootsikapun, Piroon [Reprint author]; Anunnatsiri, Siriluck [Reprint author]; Boonyaprawit, Parichart [Reprint author]; Wankun, Jaturaporn [Reprint author]  
 CS Infectious Disease Unit, Department of Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, 40002, Thailand  
 SO Journal of the Medical Association of Thailand, (May, 2002) Vol. 85, No. 5, pp. 590-596. print.  
 CODEN: JMTTHBU. ISSN: 0125-2208.  
 DT Article  
 LA English  
 ED Entered STN: 12 Dec 2002.  
 Last Updated on STN: 12 Dec 2002  
 AB Objective: To compare the efficacy and safety of 1,400 mg BID and 1,200 mg TID of saquinavir soft gel given with zidovudine and lamivudine in antiretroviral-naïve, advanced AIDS patients. Method: A randomized, open-label study conducted at a university hospital. Results: Forty cases were enrolled in the study, 20 cases in each group. The mean CD4 cell count was 29 cells/mm<sup>3</sup>. The mean log<sub>10</sub> HIV-1 RNA was 5.27 copies/mL. Using an on-treatment analysis, the reduction in plasma log<sub>10</sub> HIV-1 RNA of BID and TID groups was not statistically significant at -2.44 vs -2.60 copies/mL (-0.16, 95% CI -0.63 to 0.30;  $p = 0.48$ ). The mean increase in CD4 cell counts was not statistically significant at +144 and +159 cells/mm<sup>3</sup> (11, 95% CI -75 to 97;  $p = 0.79$ ). Conclusion: The preliminary data suggests that in antiretroviral-naïve, advanced AIDS patients, 1,400 mg BID of saquinavir soft gel given with two nucleoside analogues might be as effective as the standard 1,200 mg TID.
- L6 ANSWER 3 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
 AN 2002:558682 BIOSIS  
 DN PREV200200558682  
 TI Interaction between saquinavir soft-gel and rifabutin in patients infected with HIV.  
 AU Moyle, G. J. [Reprint author]; Buss, N. E.; Goggin, T.; Snell, P.; Higgs, C.; Hawkins, D. A.  
 CS Kobler Clinic, Chelsea and Westminster Hospital, 369 Fulham Rd, London, SW10 9NH, UK  
 gm@moyleg.demon.co.uk  
 SO British Journal of Clinical Pharmacology, (August, 2002) Vol. 54, No. 2, pp. 178-182. print.

CODEN: BCPHBM. ISSN: 0306-5251.

DT Article

LA English

ED Entered STN: 30 Oct 2002

Last Updated on STN: 30 Oct 2002

AB Aims: To evaluate the potential pharmacokinetic interaction between the HIV protease inhibitor saquinavir and rifabutin. Methods: Fourteen HIV-infected patients provided full steady-state pharmacokinetic profiles following administration of rifabutin alone (300 mg once daily) or saquinavir soft-gel formulation (1200 mg three times daily) plus rifabutin (300 mg once daily) in this open label, partially randomized study. Results: Coadministration of saquinavir and rifabutin resulted in a reduction in saquinavir AUC(0.8 h) and Cmax(0.8 h) of 47% (95% CI 30, 60%) and 39% (95% CI 11, 59%), respectively. Rifabutin AUC(0.24 h) and Cmax(0.24 h) was increased by an average of 44% (95% CI 17, 78%) and 45% (95% CI 14, 85%), respectively. Saquinavir in combination with rifabutin was well tolerated. Gastrointestinal intolerance and asymptomatic increases in liver enzymes were the only adverse events of note. Conclusions: Administration of rifabutin with saquinavir may decrease the efficacy of this HIV protease inhibitor.

L6 ANSWER 4 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on  
STN

AN 2002:198 BIOSIS

DN PREV200200000198

TI Pharmacokinetic study of human immunodeficiency virus protease inhibitors used in combination with amprenavir.

AU Sadler, Brian M.; Gillotin, Catherine; Lou, Yu; Eron, Joseph J.; Lang, William; Haubrich, Richard; Stein, Daniel S. [Reprint author]

CS Clinical Pharmacology, GlaxoSmithKline Inc., Research Triangle Park, NC, 27709-3398, USA  
dss94020@gsk.com

SO Antimicrobial Agents and Chemotherapy, (December, 2001) Vol. 45, No. 12, pp. 3663-3668. print.  
CODEN: AMACCQ. ISSN: 0066-4804.

DT Article

LA English

ED Entered STN: 28 Dec 2001

Last Updated on STN: 25 Feb 2002

AB In an open-label, randomized, multicenter, multiple-dose pharmacokinetic study, we determined the steady-state pharmacokinetics of amprenavir with and without coadministration of indinavir, or saquinavir soft gel formulation in 31 human immunodeficiency virus type 1-infected subjects. The results indicated that amprenavir plasma concentrations were decreased by saquinavir soft gel capsule (by 32% for area under the concentration-time curve at steady state (AUCss) and 37% for peak plasma concentration at steady state (Cmax,ss)) and increased by indinavir (33% for AUCss). Nelfinavir significantly increased amprenavir minimum drug concentration at steady state (by 189%) but did not affect amprenavir AUCss or Cmax,ss. Nelfinavir and saquinavir steady-state pharmacokinetics were unchanged by coadministration with amprenavir compared with the historical monotherapy data. Concentrations of indinavir, coadministered with amprenavir, in plasma decreased in both single-dose and steady-state evaluations. The changes in amprenavir steady-state pharmacokinetic parameters, relative to those for amprenavir alone, were not consistent among protease inhibitors, nor were the changes consistent with potential interactions in CYP3A4 metabolism or P-glycoprotein transport. No dose adjustment of either protease inhibitor in any of the combinations studied is needed.

L6 ANSWER 5 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
AN 2001:449279 BIOSIS

DN PREV200100449279

TI Steady-state pharmacokinetics of twice-daily dosing of saquinavir plus ritonavir in HIV-1-infected individuals.

AU Veldkamp, Agnes I. [Reprint author]; van Heeswijk, Rolf P. G.; Mulder, Jan W.; Meenhorst, Pieter L.; Schreij, Gerrit; van der Geest, Siebe; Lange, Joep M. A.; Beijnen, Jos H.; Hoetelmans, Richard M. W.

CS Department of Pharmacy and Pharmacology, Slotervaart Hospital, Louwesweg 6, 1066 EC, Amsterdam, Netherlands  
apabg@slz.nl

SO JAIDS Journal of Acquired Immune Deficiency Syndromes, (August 1, 2001) Vol. 27, No. 4, pp. 344-349. print.  
ISSN: 1525-4135.

DT Article

LA English

ED Entered STN: 19 Sep 2001  
Last Updated on STN: 22 Feb 2002

AB Objective: To compare the steady state plasma pharmacokinetics of 1000 mg of saquinavir (SQV) in a soft-gel capsule (SGC) formulation in combination with 100 mg of ritonavir (RTV) (capsules) in a twice-daily dosing regimen in HIV-1-infected individuals with historical controls who used 400 mg of SQV in a hard-gel capsule (HGC) formulation in combination with 400 mg of RTV and to investigate the plasma pharmacokinetics of the 1000 mg/100 mg regimen after normal and high-fat breakfasts. Design: Open-label, crossover, steady-state pharmacokinetic study. Methods: Six HIV-1-infected individuals who used either 1200 mg of SQV (SGC or HGC) three times daily or 400 mg twice daily in combination with 400 mg of RTV twice daily were included. Each patient was switched to 1000 mg of SQV SGC twice daily in combination with 100 mg of RTV twice daily. After 14 days, the patients came to the hospital for assessment of a pharmacokinetic profile during 12 hours. Patients were randomized to receive a high-fat (+45 g of fat) or normal (+20 g of fat) breakfast. After 7 days, a second pharmacokinetic profile was assessed after ingestion of the drugs with the alternate breakfast. A noncompartmental pharmacokinetic method was used to calculate the area under the plasma concentration versus time curve (AUC<sub>0-12h</sub>), the maximum plasma concentration (C<sub>max</sub>), the plasma trough concentration (C<sub>12h</sub>), and the elimination half-life in plasma (t<sub>1/2</sub>). The obtained pharmacokinetic parameters were compared with those of 12 patients using SQV HGC (400 mg twice daily) in combination with RTV (400 mg twice daily). Results: The median values of the pharmacokinetic parameters for SQV SGC (1000 mg twice daily, normal breakfast) were: AUC<sub>0-12h</sub>, 18.84 h\*mg/L; C<sub>max</sub>, 3.66 mg/L; C<sub>12h</sub>, 0.40 mg/L; and t<sub>1/2</sub>, 3.0 hours. The median values of the pharmacokinetic parameters for SQV HGC (400 mg twice daily, normal breakfast) were: AUC<sub>0-12h</sub>, 6.99 h\*mg/L; C<sub>max</sub>, 1.28 mg/L; C<sub>12h</sub>, 0.23 mg/L; and t<sub>1/2</sub>, 3.9 hours. The exposure to SQV in the dosing regimen of 1000 mg twice daily in combination with 100 mg of RTV twice daily was significantly higher than the exposure to SQV in a dosing regimen of 400 mg twice daily in combination with 400 mg of RTV twice daily. The pharmacokinetic parameters of SQV SGC in the dosing regimen of 1000 mg twice daily in combination with 100 mg of RTV twice daily were not significantly different after ingestion of a high-fat or normal breakfast (p>.35). Conclusions: The combination of 1000 mg of SQV SGC twice daily and 100 mg of RTV twice daily resulted in a higher exposure to SQV compared with the exposure to SQV obtained when SQV is used in the 400 mg/400 mg twice-daily combination with RTV. In this small number of patients, no significant differences in exposure were seen after ingestion of either a normal or high-fat breakfast. From a pharmacokinetic perspective, the combination of 1000 mg of SQV SGC twice daily and 100 mg of RTV twice daily seems to be a good option for further clinical evaluation.



DN PREV200000499399

TI Safety and pharmacokinetics of once-daily regimens of soft-gel capsule saquinavir plus minidose ritonavir in human immunodeficiency virus-negative adults.

AU Kilby, J. Michael; Sfakianos, Greg; Gizzi, Nick; Siemon-Hryczyk, Peggy; Ehrensing, Eric; Oo, Charles; Buss, Neil; Saag, Michael S. [Reprint author]

CS 908 20th Street South, UAB 1917 Clinic, Birmingham, AL, 35294, USA

SO Antimicrobial Agents and Chemotherapy, (October, 2000) Vol. 44, No. 10, pp. 2672-2678. print.  
CODEN: AMACCQ. ISSN: 0066-4804.

DT Article

LA English

ED Entered STN: 15 Nov 2000  
Last Updated on STN: 10 Jan 2002

AB Human immunodeficiency virus type 1 (HIV-1) protease inhibitors have dramatically improved treatment options for HIV infection, but frequent dosing may impact adherence to highly active antiretroviral treatment regimens (HAART). Previous studies demonstrated that combined therapy with ritonavir and saquinavir allows a decrease in frequency of saquinavir dosing to twice daily. In this study, we evaluated the safety and pharmacokinetics of combining once-daily doses of the soft-gel capsule (SGC) formulation of saquinavir (saquinavir-SGC) and minidose ritonavir. Forty-four healthy HIV-negative volunteers were randomized into groups receiving once-daily doses of saquinavir-SGC (1,200 to 1,800 mg) plus ritonavir (100 to 200 mg) or a control group receiving only saquinavir-SGC (1,200 mg) three times daily. Saquinavir-SGC alone and saquinavir-SGC-ritonavir combinations were generally well tolerated, and there were no safety concerns. Addition of ritonavir (100 mg) to saquinavir-SGC (1,200 to 1,800 mg/day) increased the area under the concentration-time curve (AUC) for saquinavir severalfold, and the intersubject peak concentration in plasma and AUC variability were reduced compared to those achieved with saquinavir-SGC alone (3,600 mg/day), while trough saquinavir levels (24 h post-dose) were substantially higher than the 90% inhibitory concentration calculated from HIV-1 clinical isolates. Neither increasing the saquinavir-SGC dose to higher than 1,600 mg nor increasing ritonavir from 100 to 200 mg appeared to further enhance the AUC. These results suggest that an all once-daily HAART regimen, utilizing saquinavir-SGC plus a more tolerable low dose of ritonavir, may be feasible. Studies of once-daily saquinavir-SGC (1,600 mg) in combination with ritonavir (100 mg) in HIV-infected patients are underway.

L6 ANSWER 7 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 2000:432381 BIOSIS

DN PREV200000432381

TI Saquinavir soft-gel capsule: An updated review of its use in the management of HIV infection.

AU Figgitt, David P. [Reprint author]; Plosker, Greg L.

CS Adis International Limited, 41 Centorian Drive, Mairangi Bay, Auckland 10, New Zealand

SO Drugs, (August, 2000) Vol. 60, No. 2, pp. 481-516. print.  
CODEN: DRUGAY. ISSN: 0012-6667.

DT Article

General Review; (Literature Review)

LA English

ED Entered STN: 11 Oct 2000  
Last Updated on STN: 10 Jan 2002

L6 ANSWER 8 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1999:462880 BIOSIS

DN PREV199900462880  
 TI Lipid abnormalities during saquinavir soft-gel  
 -based highly active antiretroviral therapy.  
 AU Moyle, G. J. [Reprint author]; Baldwin, C. [Reprint author]  
 CS Kobler Clinic, Chelsea and Westminster Hospital, London, UK  
 SO JAIDS Journal of Acquired Immune Deficiency Syndromes, (Aug. 15, 1999)  
 Vol. 21, No. 5, pp. 423-424. print.  
 DT Letter  
 LA English  
 ED Entered STN: 1 Nov 1999  
 Last Updated on STN: 1 Nov 1999

L6 ANSWER 9 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
 AN 1999:375041 BIOSIS  
 DN PREV199900375041  
 TI Effect of saquinavir on the pharmacokinetics and  
 pharmacodynamics of oral and intravenous midazolam.  
 AU Palkama, Vilja J. [Reprint author]; Ahonen, Jouni; Neuvonen, Pertti J.;  
 Olkkola, Klaus T.  
 CS Department of Anesthesia, University of Helsinki, FIN-00029, Helsinki,  
 Finland  
 SO Clinical Pharmacology and Therapeutics, (July, 1999) Vol. 66, No. 1, pp.  
 33-39. print.  
 CODEN: CLPTAT. ISSN: 0009-9236.  
 DT Article  
 LA English  
 ED Entered STN: 9 Sep 1999  
 Last Updated on STN: 9 Sep 1999

AB Objective: To assess the effect of human immunodeficiency virus protease  
 inhibitor saquinavir on the pharmacokinetics and  
 pharmacodynamics of oral and intravenous midazolam. Methods: In a  
 double-blind, randomized, two-phase crossover study, 12 healthy volunteers  
 (six men and six women; age range, 21 to 32 years) received oral doses of  
 either 1200 mg saquinavir (Fortovase soft-gel  
 capsule formulation) or placebo three times a day for 5 days.  
 On day 3, six subjects were given 7.5 mg oral midazolam and the other six  
 subjects received 0.05 mg/kg intravenous midazolam. On day 5, the  
 subjects who had received oral midazolam on day 3 received intravenously  
 midazolam and vice versa. Plasma concentrations of midazolam,  
 alpha-hydroxymidazolam, and saquinavir were determined for 18  
 hours after midazolam administration, and midazolam effects were measured  
 up to 7 hours by six psychomotor tests. Results: Saquinavir  
 increased the bioavailability of oral midazolam from 41% to 90% ( $P < .005$ ),  
 the peak midazolam plasma concentration more than twofold, and the  
 area under plasma concentration-time curve more than fivefold ( $P < .001$ ).  
 During saquinavir treatment, five of the six psychomotor tests  
 revealed impaired skills and increased sedative effects after midazolam  
 ingestion ( $P < .05$ ). Saquinavir decreased the clearance of  
 intravenous midazolam by 56% ( $P < .001$ ) and increased its elimination  
 half-life from 4.1 to 9.5 hours ( $P < .01$ ). After intravenous midazolam,  
 only the subjective feeling of drug effect was increased significantly ( $P < .05$ )  
 by saquinavir. Conclusion: The dose of oral midazolam  
 should be greatly reduced or avoided with saquinavir, but bolus  
 doses of intravenous midazolam can probably be used quite safely. During  
 a prolonged midazolam infusion, an initial dose reduction of 50% followed  
 by careful titration is recommended to counteract the reduced clearance  
 caused by saquinavir.

L6 ANSWER 10 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on  
 STN  
 AN 1999:114077 BIOSIS  
 DN PREV199900114077  
 TI Comparative study of saquinavir soft-gel

-capsule vs indinavir as part of triple therapy regimen (cheese study).

AU Cohen Stuart, J. W. T. [Reprint author]; Borleffs, J. C. C.; Boucher, C. A. B.; Schuurman, R.; Langebeek, N.; Richter, C.; Ter Hofstede, H.; Burger, D.; Koopmans, P. P.; Zomer, B.; Hamann, D.; Roos, M. T.; Van Der Meulen, P.; Sprenger, H.; Dorama, W.; Kroon, F. P.; Bravenboer, B.; Juttmann, J. R.; Van Der Ven, B.; Van Belle, L.; Hoetelmans, R.; Meenhorst, P.; Waalberg, E. P.

CS Eijkman-Winkler Inst., University Hosp. Utrecht, Utrecht, Netherlands

SO AIDS (London), (Nov., 1998) Vol. 12, No. SUPPL. 4, pp. S14. print.  
Meeting Info.: 4th International Congress on Drug Therapy in HIV Infection. Glasgow, Scotland, UK. November 8-12, 1998.  
CODEN: AIDSET. ISSN: 0269-9370.

DT Conference; (Meeting)  
Conference; Abstract; (Meeting Abstract)  
Conference; (Meeting Poster)

LA English

ED Entered STN: 12 Mar 1999  
Last Updated on STN: 12 Mar 1999

L6 ANSWER 11 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1999:30028 BIOSIS

DN PREV199900030028

TI Antiretroviral treatment in 1998.

AU Montaner, Julio S. G. [Reprint author]; Hogg, Robert; Raboud, Janet; Harrigan, Richard; O'Shaughnessy, Michael

CS BC Centre Excellence HIV/AIDs, Canadian HIV Trials Network, St. Paul's Hosp., Univ. B.C., Vancouver, BC V6Z 1Y6, Canada

SO Lancet (North American Edition), (Dec. 12, 1998) Vol. 352, No. 9144, pp. 1919-1922. print.  
ISSN: 0099-5355.

DT Article  
General Review; (Literature Review)

LA English

ED Entered STN: 3 Feb 1999  
Last Updated on STN: 3 Feb 1999

L6 ANSWER 12 OF 57 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN

AN 1998:388320 BIOSIS

DN PREV199800388320

TI Activity of the soft gelatin formulation of saquinavir in combination therapy in antiretroviral-naïve patients.

AU Mitsuyasu, Ronald T. [Reprint author]; Skolnik, Paul R.; Cohen, Stuart R.; Conway, Brian; Gill, M. John; Jensen, Peter C.; Pulvirenti, Joseph J.; Slater, Leonard N.; Schooley, Robert T.; Thompson, Melanie A.; Torres, Ramon A.; Tsoukas, Christos M.

CS Univ. Calif. Los Angeles AIDS Clin. Res. Cent., Dep. Med., BH-412 CHS, 10833 Le Conte Ave., Los Angeles, CA 90095-1793, USA

SO AIDS (London), (July 30, 1998) Vol. 12, No. 11, pp. F103-F109. print.  
CODEN: AIDSET. ISSN: 0269-9370.

DT Article

LA English

ED Entered STN: 10 Sep 1998  
Last Updated on STN: 10 Sep 1998

AB Objective: A Phase II, open-label, randomized, parallel-arm, multicentre trial to compare the antiviral activity and safety of two formulations of saquinavir (SQV), soft gelatin (SQV-SGC) and hard gelatin (SQV-HGC) capsules, in combination with two nucleoside reverse transcriptase inhibitors (NRTI), in antiretroviral-naïve, HIV-1-infected individuals. Participants: A total of 171 people of gtoreq 13 years, with plasma HIV-1 RNA levels gtoreq 5000 copies/ml, who had received no protease inhibitor therapy, ltoreq 4 weeks NRTI therapy and no

antiretroviral treatment within 28 days of screening. Eighty-one people were randomized to the SQV-HGC group and 90 to the SQV-SGC group. A total of 148 patients completed 16 weeks of therapy. Intervention: Therapy for 16 weeks with either SQV-SGC 1200 mg or SQV-HGC 600 mg, both three times a day, in combination with two NRTI. Results: Using an on-treatment analysis, patients taking SQV-SGC had a larger reduction in plasma HIV-1 RNA than those taking SQV-HGC (-2.0 versus -1.6 log<sub>10</sub> copies/ml). Eighty per cent of those on SQV-SGC had < 400 copies HIV RNA/ml, compared with 43% in the SQV-HGC group (P = 0.001). A statistically significant difference in the area under the curve (AUC) values between the SQV-SGC and SQV-HGC arms (-1.7 versus -1.5 log<sub>10</sub> copies/ml, respectively; P = 0.0054) was observed when withdrawals prior to week 12, major protocol violators and patients with < 75% compliance were excluded from the analysis; however, the difference between the values for the intent-to-treat population was not significant (P = 0.1929). Adverse events (mostly mild) included diarrhoea and nausea. Conclusions: SQV-SGC was generally well tolerated and gave significantly more potent suppression of plasma HIV-1 RNA in antiretroviral-naive patients than SQV-HGC.